| | | PARTMENTAL | USE ONLY | aloc | 1011 | |
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| A | rizona State Land Department | Accounting | Tand,C | | [atrial | |
| 4 | / 6 | | Exam tope | Approved | 1910 | APR 2 4 |
| ç | Clate Paul Deby. | Filing Fee: \$100 | Exam / | Dented | | |
| | P 4441 2 - 2300 | | Int Title: | Rejected | | |
| | | N(34) | App Entry: | Withdrawn | | |
| ' | on Letop desti) re son-refundabi | • | | | | |
| | APPLICATION | TO ATTOR | ION WAR | | - | |
| | APPLICATION | | | | | |
| ļ | olicant hereby makes ap | plication for the | he auction of w | ater accord | ing to the la | ws of the S |
| • | the lates of the | State Land Det | DATIMENT The s | maniaiana af | ' 4 h a a a a | |
| | permit, and the provi Irologic Information Se | SIUUS OF THE M | AIPP Agreeme | nt for the | lands descril | bed under |
| u | noingle intolmation 26 | ction of this ap | plication. | | | _ |
| | APPLICA | TION NO. 2 | 21- 10219 | 53-00× | . (NEW) | <u> </u> |
| | | | | | [WEA] | |
| | COMPLETE ALL O | UESTIONS, SIG | N APPLICATIO | ON. AND AT | TACH PILING | |
| | APPLICANT | | | | | -: |
| | | Applicant's | Federal ID or So | ocial Security | No. 84-10 | 074663 |
| | Principal Cyprus Bagdao | Copper Corpora | tion, a Dela | ware lo | epocation | <u>?? ≃</u> ; |
| | Agent O. T. Owens | | | - | | = = |
| | Address P.O. Box 245 | | | | | |
| | CityBagdad | | State <u>AZ</u> | Zip <u>86321</u> | Phone (520) | 633-3394 |
| | CURRENT LESSEE: | | • | | | |
| | A. Are you the current | State lessee of the | e land? | ⊠ Yes | □n₀ | |
| | If yes, write in your | lease no. and con | mplete questions | B and C. | Lease No. | 03-31360 |
| | B. In consideration of f | avorable action, | do you agree to s | urrender you | r lease on the | date of the s |
| | even if you are not the | he successful bide | der? | □Yes | ⊠No | 0, 120 3 |
| | C. Are there any improv | ements on the lai | nd? | ⊠Yes | □No | |
| | If yes, attach a list o | f the improvemen | its to this applica | ation. | -· * | |
| | PROPOSED USE OF WA | TER: Domestic | , Municipal and L | ndustrial. | | |
| | | | | | | |
| | | | | | | |
| | AMOUNT: 80 Act | e-Feet per Year | | | | |
| | | | mum) | | | |
| | TERM: 10 Yes | ırs (10-year maxi | mum) | | | |
| | TERM: 10 Yes | ars (10-year maxi IATION: | mum) | | | |
| * | TERM: 10 Yes | ars (10-year maxi IATION: | mum) | | | |
| | TERM: 10 Yes HYDROLOGIC INFORM LIST EXISTING WEI | ars (10-year maxi IATION: | mum) | | SI D II- | o Ool. |
| ٠ | TERM: 10 Yes HYDROLOGIC INFORM LIST EXISTING WEI | ars (10-year maxi IATION: LLS: | | Capacity | SLD Us | |
| L ¥ | TERM: 10 Yes HYDROLOGIC INFORM LIST EXISTING WEI | ars (10-year maxi IATION: LLS: | pth Pump HP | Capacity 75 gpm | SLD Us Cty Gi 13 o 3 | rt Parcel |

6021-Auction 12/93 (Rev. 08/95)

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| | he water will b | | | | lescribed lan | ds (place of | use): | | |
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| | | ¥ | | | 3) | . <u> </u> | avapai | _ | • |
| | | ¥ | | | | | ···· | | |
| | | × | _4 | | | | | - | |
| U | SGS Topograph | nic Map sl | howing 1 | ocation a | ed access <u>mu</u> | st be include | d with ap | plication | L . |
| 1. | Are the lands | s describe | d in VI | Hydrolo | gic Informati | on energet | v nadar a | 10000 00 | : |
| • | the applicant | | | | | | | | - |
| • | | | | | | | | | |
| | In ********* | | | | | | | e deenvil | |
| 2. | In transporting | | | | | | | | |
| 2. | In transporting | | | | | | | | |
| _ | will the wate | r be trans | ported a | cross sub- | -basin bound: | aries? 🗌 Y | es 🖾 No | If yes, | explain: |
| 3. | will the water | r be trans | ported a | orted acro | -basin bound: | aries? 🗌 Y | es 🖾 No | If yes, | explain: |
| | will the water Will water wi | t be trans | ported a be transp | orted acro | -basin bound: | aries? 🗌 Y | es 🖾 No Yes 🗆 No | If yes, o | explain: |
| _ | will the water Will water wi Right-of-way | ithdrawn b | ported a pe transp 14-30 | orted acro | -basin bound: | aries? 🗌 Y | es 🖾 No Yes 🗆 No | If yes, o | explain: |
| 3. | Will water wing Right-of-way Are the lands which AMA | ithdrawn b number_ described | ported a pe transp 14-30: d above | orted acro 292 located wi | ss State Trus | or INA? | es 🖾 No Yes 🗆 No | If yes, of If yes, do If yes | explain: applicab |
| 3. | Will water wing Right-of-way Are the lands which AMA | ithdrawn b number_ described or INA: described | ported a pe transp 14-30 d above | orted acro 292 located wi | ss State Trus thin an AMA | or INA? | es 🖾 No Yes 🗆 No I Yes 🖾 N | If yes, of If yes, do If yes, by, any | applicab i, indica |
| 3. 4. | Will water wing Right-of-way Are the lands which AMA | ithdrawn b number_ described or INA: described | ported a pe transp 14-30 d above | orted acro 292 located wi | ss State Trus thin an AMA | or INA? | es 🖾 No Yes 🗆 No I Yes 🖾 N | If yes, of If yes, do If yes, by, any | applicab i, indica |
| 3. 4. | Will water wing Right-of-way Are the lands which AMA | ithdrawn by number_ described or INA: described company | ported a pe transp 14-30 d above d above or utili | orted acro 292 located wi located w | thin the serves Solves No. If | or INA? | es 🖾 No Yes 🗆 No I Yes 🖾 N or served | If yes, of If yes, do If yes | explain: applicab , indica public |
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| 3. 4. 5. | Will water will result water will water wa | ithdrawn by number_ described or INA: company described following ification: city attornation among the company of the company | ported a pe transp 14-30 d above or utilit above qu :: | orted acro 292 located wity? Your Your Your Your Your Your Your Your | chasin bounds cas State Trus thin an AMA ithin the serv cas Mo If Central Arizo rson or entity er right associated | or INA? | es No Yes No Yes No Or served Vater? the water: | If yes, of If yes, to If yes by, any | explain: applicab , indica public No If ye |

VII. IMPROVEMENTS: Existing Improvements: Are there any existing improvements, required or otherwise, which will be used for the withdraw; and transportation of water? Yes No If yes, please complete the following: Description Condition Present Value Ownership Well and 16" casing 20 hp pump Good \$150,000 Cyprus Bagdad Well and 12" casing 8.5hp \$150,000 20' X 20" Chain link fence 20' X 20' Chain link fence B. Proposed New Improvements: New improvements which will be required, and their estimated value, are described as follows: VIII. MINERALS: Are there any known mineral claims, abandoned workings, minerals, oil, gas, fertilizer, or fossils upon the land? Tes No If yes, explain:_____ IX. OTHER INFORMATION: Is applicant aware of any impediment to the withdrawal, transportation, or use of the groundwater as described in this application, which exists by reason of the Act or any other law which may affect the legality of the sale applied for herein? Yes No If yes, explain:

| 6021-Auction | 12/93 | (Rev. | 08/95) |
|--------------|-------|-------|--------|

B.

Additional information that may assist us in processing this request:

NOTICE:

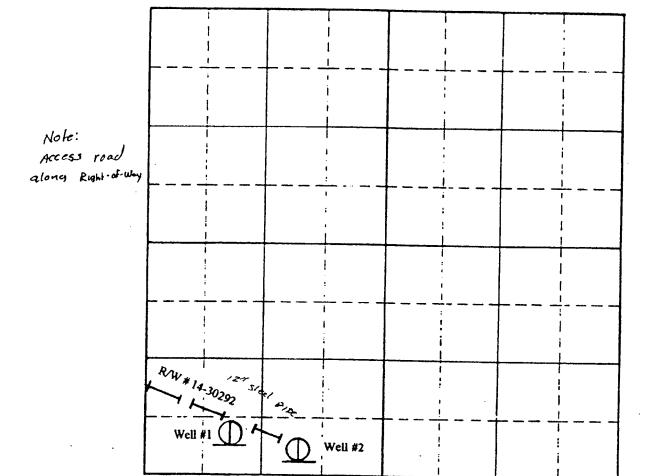
If this application is approved and an auction is held, any resulting access route will be subject to the law of the State of Arizona, the rules of the State Land Department, the provisions and conditions contained it the Water Agreement, and the provisions and conditions contained in the appropriate surface lease, easement or permit which buyer must acquire from the Arizona State Land Department. The signature of the applicate acknowledges and recognizes that neither the making of this application nor the acceptance by the Arizona State Land Department of this application nor the filing fee submitted herewith in any way gives to or vest in the applicant any right or entitlement to any water or use of State Trust land for which this application made, nor does this application grant any surface lease, easement, permit for withdrawal or transportation of the water purchases, or suggest an access route over any private, federal, Indian, or other lands.

X. APPLICANT:

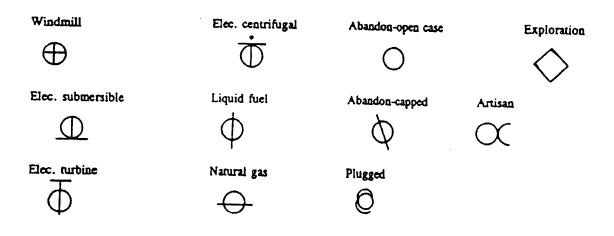
Attach a hydrology report which shows that the amount of water applied for is available.

XI. APPLICANT, COMPLETE AND SIGN PAGE 5.

| . L | s this application made in | the name of: (check one | E)Individ | tual(s) | Husband & Wife | | kle 13, Chapter ! pptication <u>will po</u> | |
|--|--|--|---|---|--|--|--|----------------------|
| _ | Corporation | Partnership | I of Parmonh | | | _ | | |
| | foint Vannu | | | · | · R | Trust | Lad. Liability (| Co. |
| _ | | Municipality | Political Sut | division | Other (specify |) | | |
| . 0 | NDIVIDUAL(s) OR HUS | BAND & WIFE: Com | plete the following fo | or each applicant: | | | | |
| | | NAME | | | AGE | | MARITAL STA | rus |
| | | | | | | | | |
| | | | | | | | | |
| C | ORPORATION: Comple | ete the following: | | | | | | |
| (A (B | Do you have authority Is the corporation prese | from the Anzona Corpo | nation Commission | o do business in o | he State of Arizo | na? Yes_X | No | |
| (C | In what state are you in | compared? | elamane | ousoou Commissi | on: Yes_X | Νο | | |
| æ |)) Is the legal corporate to | ame and Arizona busines | is address the same : | us stated in this ap | pplication? Yes_ | XNo | | |
| | | orporate name: | | | ···· | | - | |
| Ad | idress: | (Street or Box Num | nher) | | | | | |
| | | | • | | (City) | | (Sate) | (Zip) |
| LE | MITED LIABILITY CO | MPANY: Complete the | following: | | | | | |
| (A) |) If an out-of-state limited YesNo. | пивошту сотралу: Нач | e you filed for a Ce | roficate of Regist | ration with the Ai | rizona Corpor | ration Commission | ? |
| (B) |) If an Arizona limited lia Yes No. | bility company: Have v | nu filed Amicles of (| Samu and an article of the second | | | | |
| | YesNo. | , | ON THEM PURCHES OF (| Signment of with | the Anzona Corp | poration Com | mission? | |
| (C) | Are you authorized by t | be Arizona Corporation | Commission to trans | act business in A | rizona?) | res 1 | No. | |
| PA. | RTNERSHIP OR JOINT | VENTURE: Complem | the following for | | | | | |
| | | | | | | | | |
| | NAME | | | | | in the partner | rship or joint venn | ore: |
| | NAME | | | ich authorized pai USINESS ADDRI | | in the partner | | one: L STATUS |
| | NAME | | | | | | | |
| | NAME | : | | | | | | |
| | NAME | | Bt | USINESS ADDRI | ESS | AGE | | |
| LIN | NAME ATTED PARTNERSHIP: nplete the following for the | Is this limited partnersh | in on file with the A | USINESS ADDRI | ESS | AGE | | |
| LIN | NAME ATTED PARTNERSHIP: nplete the following for the | Is this limited partnersh e authorized general part | in on file with the A | USINESS ADDRI | of State: Yes | AGE | | |
| LIN | NAME ATTED PARTNERSHIP: nplete the following for the | Is this limited partnersh | in on file with the A | USINESS ADDRI | of State: Yes | AGE | | |
| LIN | NAME ATTED PARTNERSHIP: nplete the following for the | Is this limited partnersh e authorized general part | in on file with the A | USINESS ADDRI | of State: Yes | AGE | | |
| LIM | NAME ATTED PARTNERSHIP: aplete the following for the GENERAL PART | Is this limited partnersh e authorized general part NER(S) NAME | ip on file with the A | JSINESS ADDRI | of State: Yes | AGE | | |
| LIM Con | NAME ATTED PARTNERSHIP: Applete the following for the GENERAL PART ATE: Complete the following | Is this limited partnersh e authorized general part NER(S) NAME | ip on file with the Amer(s) only: | JSINESS ADDRI | of State: Yes | AGE | | |
| LIM Con | NAME ACTED PARTNERSHIP: Inplete the following for the GENERAL PART CATE: Complete the follower of the court appointed as | Is this limited partnersh e authorized general part NER(S) NAME wing and attach a copy of | ip on file with the Amer(s) only: | JSINESS ADDRI | of State: Yes | AGE | | |
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| LIM | NAME ACTED PARTNERSHIP: Replete the following for the GENERAL PART CATE: Complete the follower of the court appointed as | Is this limited partnersh e authorized general part NER(S) NAME wing and attach a copy of dministrator or personal occe of the court or Estate | ip on file with the Amer(s) only: of the court or estate representative: document: S. §33-494, for each | document(s): (Type of Document beneficiary of the | of State: Yes | AGE No ADDRESS | MARITAI | (Date Issued) |
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| LIM Confidence of the Confiden | NAME ATTED PARTNERSHIP: Inplete the following for the GENERAL PART CATE: Complete the follower of the court appointed at the type and date of issuar in | Is this limited partnersh a authorized general part NER(S) NAME wing and attach a copy of diministrator or personal code of the court or Estate llowing pursuant to A.R. | ip on file with the Amer(s) only: of the court or estate representative: document: S. §33-494, for each | document(s): (Type of Document beneficiary of the ADDRESS | BUSINESS BUSINESS Detail Detail Tecorded: | AGE No ADDRESS | MARITAL | (Date Issued) |
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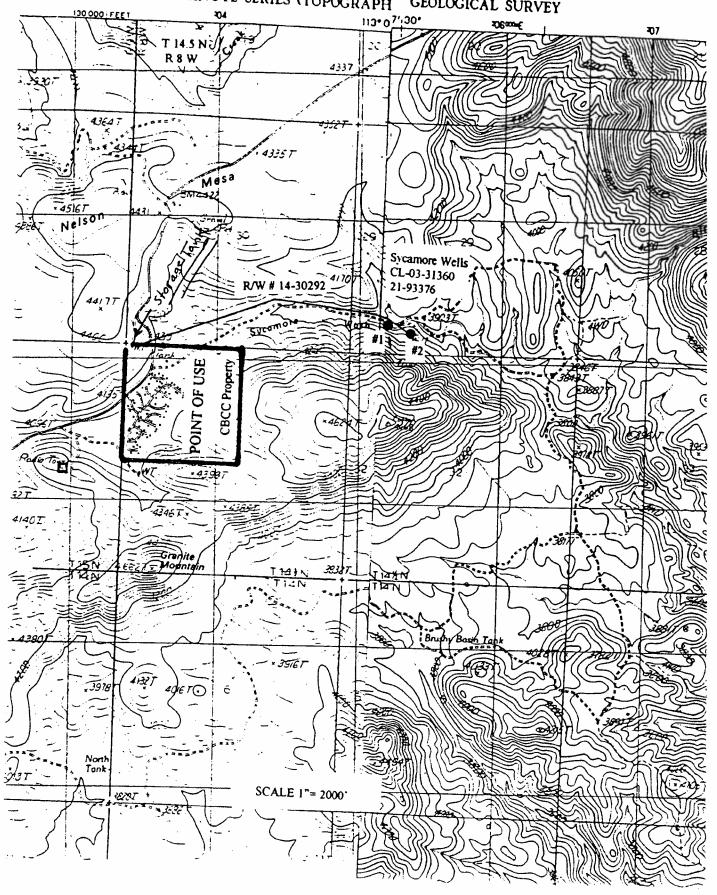


INDICATE TYPE OF WELL ON ABOVE MAP:



6021-Auction 12/93 (Rev. 08/95)

BACDAD QUADRANGLE UNIT STATES
AL ONA YAVAPAI CO. 'ARTMENT OF THE INTERIOR
7.5 MINUTE SERIES (TOPOGRAPH GEOLOGICAL SURVEY





7200 South Alton Way Post Office Box 3299 Englewood, Colorado 80155 303-740-5000

June 14, 1988

Arizona State Land Department 1616 West Adams Phoenix, Arizona 85007

Attention: Robin Ash

Contracts & Records Department

Dear Robin:

Please be advised that as of December 24, 1987, Cyprus Bagdad Copper Corporation was incorporated as a subsidiary of Cyprus Mines Corporation.

Attached for your information are copies of the Certificate of Incorporation from the State of Arizona, Good Standing Certificate from the State of Delaware and the Articles of Incorporation for Cyprus Bagdad Copper Corporation.

Should you require any additional information to expedite the issuance of the pending Commercial Lease renewal, please let me know. My telephone number is (303) 740-5268.

Very truly yours,

Property Administrator

GLW/km

Enc.

cc: 0. T. Owen